

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	20205	3-18-99
O.I.P.E. CLASSIFIER		7	3-25-99
FORMALITY REVIEW	DW	72346	3-30-99

INDEX OF CLAIMS

✓	.....	Rejected
=	.....	Allowed
—	(Through numeral)...	Canceled
÷	.....	Restricted

N	.....	Non-elected
I	.....	Interference
A	.....	Appeal
O	.....	Objected

Claim	Original	1703 Dec	7203 Dec	112603 Dec	722301 Dec	Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

Claim		Date					
Final	Original						
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							

Claim	Date					
Final Original						
101						
102						
103						
104						
105						
106						
107						
108						
109						
110						
111						
112						
113						
114						
115						
116						
117						
118						
119						
120						
121						
122						
123						
124						
125						
126						
127						
128						
129						
130						
131						
132						
133						
134						
135						
136						
137						
138						
139						
140						
141						
142						
143						
144						
145						
146						
147						
148						
149						
150						

Best Available Copy

**If more than 150 claims or 10 actions
staple additional sheet here**